IPDR6702 RUN DATE:	: 01/21/2007		IPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE:	1	
				ECKWRITE DATE: 01/25/2007				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOLDER	PROVIDER NAME	2020	DENTITED		DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	1364	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8800	217	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	4	1906	1912	6
				FUTURE RA'S.				
		8599	188	DETAIL NOT COVERED BY COMBINAT				
		0333	100	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8534	139	SERVICE FACILITY LOCATION IS N				
	DS LME			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		191	71	CLIENT ID NUMBER DOES NOT MATC	0	423	12387	1196
				H PATIENT NAME				
		11	54	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404910	PATHWAYS	79	51	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	36	DETAIL NOT COVERED BY COMBINAT	21	140	3378	2866
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8933	15	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				Wield IV III.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8935	5	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	ENIAL REALI							
		191	5	CLIENT ID NUMBER DOES NOT MATC				
		171	-	H PATIENT NAME	5	19	2032	201:
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	11	1074	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	301	DETAIL NOT COVERED BY COMBINAT	0	1579	3385	180
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8535	153	SERVICE FACILITY LOCATION WAS				
				NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
				THE CANAL WITH				
3404916	CROSSROADS BEHA	21	303	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							
		79	17	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	333	1173	841
				PROVIDER TYPE AND SPECIALTY IN				
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404917	ONVERD	8505	512	CLAIM DENIED DUE TO INSUFFICIE				
710131/	CENTERPOINT HUM AN SERVICES	3303	V-1-6	NT BUDGET				
		11	320	CLIENT NOT ELIGIBLE ON SERVICE	0	1101	Ann -	165:
				DATE	0	1101	2754	165
		8599	109	DETAIL NOT COVERED BY COMBINAT		-		
				ION OF RECIPIENT, PROVIDER AND				
	1	1	· -	BENEFIT PACKAGE.	1	1	1	1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404010		0500	20	DETAIL NOT COVERED BY COMBINAT				
3404919	GUILFORD CO MEN	8599	29	ION OF RECIPIENT, PROVIDER AND				
	TAL HEALTHC			BENEFIT PACKAGE.				
								-
		191	13	CLIENT ID NUMBER DOES NOT MATC	0	51	459	408
				H PATIENT NAME				100
		5404	3	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404920		8505	304	CLAIM DENIED DUE TO INSUFFICIE				
3404920	ALAMANCE CASWEL	0303	304	NT BUDGET				
	L AREA MH D			11 202021				-
								-
		8599	124	DETAIL NOT COVERED BY COMBINAT	3	568	3459	2891
				ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.				
		21	75	DUPLICATE OF CLAIM-SYSTEM				
							<u> </u>	
3404921		5312	1459	PRIOR AUTHORIZED DOLLARS EXCEE			<u> </u>	
2404221	ORANGE PERSON C	J312	1403	PRIOR AUTHORIZED DOLLARS EXCEE DED	1			1
	HATHAM AREA	1	1	DED	1		-	1
								-
		8505	636	CLAIM DENIED DUE TO INSUFFICIE	0	3294	4619	1325
				NT BUDGET	0	3234	4013	1323
								+
		21	406	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT	21	6330	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		8599	110	DETAIL NOT COVERED BY COMBINAT				
		0333	110	ION OF RECIPIENT, PROVIDER AND	26	6552	8537	1985
				BENEFIT PACKAGE.				+ 1
		8537	29	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404923	FIVE COUNTY MH	11	61	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8536	40	ATTENDING PROVIDER TYPE AND SP				
		0330	10	ECIALTY COMBINATION IS NOT	0	200	3914	3714
			 	VALID FOR SUBMITTED BILLING PR	1		 	
		+	 		1		<u> </u>	+
		8329	31	CLAIM DENIED ATTENDING PROVIDE			1	
				R CANNOT BE THE SAME AS	İ			
				THE LMA				
3404925	SANDHILLS CENTE	8505	661	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
			ļ				<u> </u>	
		9500	494	DETAIL NOT COVERED BY COMBINAT	1		 	1
		8599	494	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	197	2354	6384	4030
		 	 	BENEFIT PACKAGE.	1		1	+
		1	 		 		 	++
		8800	410	FURTHER PROCESSING NECESSARY,			 	+
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404926	SOUTHEASTERN RE	11	166	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL			DATE				
		22	E2	CERUICE DECUIRED PRIOR PRIOR			ļ	
		23	52	SERVICE REQUIRES PRIOR APPROVA	4	343	1752	1409
		-	 	<u></u>	-		-	1
	1		-		-		1	
				T. Control of the Con	1	1	1	1
		8518	52	CLAIM DENIED, SUBMITTED BEYOND				
		8518	52	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
		8518	52					

PROVIDER	T			T T				
		HIGH DENIAL	NUMBER OF		TING	moma i	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	THOUSEN MELL				DENTITED	DENTITED	111111111111111111111111111111111111111	111111111111111111111111111111111111111
3404927	CUMBERLAND CO M	11	132	CLIENT NOT ELIGIBLE ON SERVICE				
	HC			DATE				
		0000	26	DUDWUDD, DDOGDOGTVG ADGRADA				
		8800	26	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	203	453	250
				FUTURE RA'S.				
		5404	23	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404930	JOHNSTON COUNTY	11	13	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC			DATE				
		8599	13	DETAIL NOT COVERED BY COMBINAT	0			
		0000		ION OF RECIPIENT, PROVIDER AND	U	26	44	18
				BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC	21	532	DUPLICATE OF CLAIM-SYSTEM				
	BILLING OF							
		8599	346	DETAIL NOT COVERED BY COMBINAT	92	1619	13539	11920
			ļ	ION OF RECIPIENT, PROVIDER AND				
		-		BENEFIT PACKAGE.				
-	1	191	101	CLIENT ID NUMBER DOES NOT MATC				
	-		1	H PATIENT NAME				
	1	<u> </u>	 					
3404933	SOUTHEASTERN CT	11	535	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD			DATE				
		8536	146	ATTENDING PROVIDER TYPE AND SP	0	722	992	270
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8599	18	DETAIL NOT COVERED BY COMBINAT				
		0333	10	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404934	ONSLOW CARTERET	8535	244	SERVICE FACILITY LOCATION WAS				
				NOT SUBMITTED ON THIS CLAIM.				
	BEHAV HEAL			NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
				PLEASE RESUBMIT THE CLAIM WITH				
		11	197	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE	0	588	2047	1459
		11	197	PLEASE RESUBMIT THE CLAIM WITH	0	588	2047	1459
		11	197	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE	0	588	2047	1459
				PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE	0	588	2047	1459
		11 8599	197	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT	0	588	2047	1459
				PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE	0	588	2047	1459
				PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	588	2047	1459
3404935				PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	588	2047	1459
3404935	BEHAV HEAL			PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	588	2047	1459
3404935	BEHAV HEAL			PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	588	2047	1459
3404935	BEHAV HEAL		0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0		2047	1459
3404935	BEHAV HEAL			PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	588	2047	1459
3404935	BEHAV HEAL		0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0		2047	1459
	BEHAV HEAL MAYNE CO MENTAL HEALTH CTR	8599	0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT ***	0		2047	1459
3404935	BEHAV HEAL NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M		0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0		2047	1459
	BEHAV HEAL MAYNE CO MENTAL HEALTH CTR	8599	0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE	0		2047	1459
	BEHAV HEAL NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599	0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE	0		2047	1459
	BEHAV HEAL NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599	0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT	0		0	0
	BEHAV HEAL NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 0 0	0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	0	0	0
	BEHAV HEAL NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 0 0	0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT	0	0	0	0
	BEHAV HEAL NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 0 0 0 8931 8599	0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	0
	BEHAV HEAL NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 0 0	0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND	0	0	0	0
	BEHAV HEAL NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 0 0 0 8931 8599	0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	0	0	0	0
	BEHAV HEAL NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 0 0 0 8931 8599	0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND	0	0	0	0
	BEHAV HEAL WAYNE CO MENTAL HEALTH CTR WILSON-GREENE M ENTAL HEALT	8599 0 0 0 8931 8599	0	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	0	0	0
3404936	BEHAV HEAL MAYNE CO MENTAL HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	8599 0 0 8931 8599	0 0 2 2 1 1	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	0	0	0	0
3404936	BEHAV HEAL WAYNE CO MENTAL HEALTH CTR WILSON-GREENE M ENTAL HEALT	8599 0 0 8931 8599	0 0 2 2 1 1	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	0	0	0
3404936	BEHAV HEAL MAYNE CO MENTAL HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	8599 0 0 8931 8599	0 0 2 2 1 1	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	0	0	0
3404936	BEHAV HEAL MAYNE CO MENTAL HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	8599 0 0 8931 8599	0 0 2 2 1 1	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM	0	0	0	407
3404936	BEHAV HEAL MAYNE CO MENTAL HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	8599 0 0 8931 8599 8518	0 0 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR DUPLICATE OF CLAIM-SYSTEM CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	0	0	0	407
3404936	BEHAV HEAL MAYNE CO MENTAL HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	8599 0 0 8931 8599 8518	0 0 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM	0	0	0	407
3404936	BEHAV HEAL MAYNE CO MENTAL HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	8599 0 0 8931 8599 8518	0 0 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	0	0	0	407
3404936	BEHAV HEAL MAYNE CO MENTAL HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	8599 0 0 8931 8599 8518	0 0 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE SEVERE DUPLICATE: SAME ATTO PR	0	0	0	407
3404936	BEHAV HEAL MAYNE CO MENTAL HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	8599 0 0 8931 8599 8518	0 0 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	0	0	0	407
3404936	BEHAV HEAL MAYNE CO MENTAL HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	8599 0 0 8931 8599 8518	0 0 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PLEASE RESUBMIT THE CLAIM WITH CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE SEVERE DUPLICATE: SAME ATTO PR	0	0	0	407

		T	ı		1			
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	INOVIDEN MEET				DENTITED	DENTITED	111111111111111111111111111111111111111	
3404939	NEUSE MENTAL HE	8654	33	ONLY 16 UNITS ALLOWED PER DAY				
	ALTH CENTER			WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
		21	ь	DUPLICATE OF CLAIM-SYSTEM	0	45	234	189
								-
		11	4	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				+
3404941	PITT CO MH/DD/S	21	27	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER							
								-
		8599	18	DETAIL NOT COVERED BY COMBINAT	0	81	1135	1054
				ION OF RECIPIENT, PROVIDER AND		01	1133	1034
				BENEFIT PACKAGE.				
		7001	11	EXCEEDS THE ONE PER DAY LIMITA				
				TION				
	_							1
3404942		8518	20	CLAIM DENIED, SUBMITTED BEYOND	1	1		
J1073742	ROANOKE CHOWANH	0010		FILING TIMELIMIT. PRIOR	-	1	+	-
	UMAN SERVIC			FISCAL YEAR DOS (JULY 1 - JUNE			 	
								-
	1	79	8	THIS SERVICE IS NOT PAYABLE TO	0	44	675	631
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		21	7	DUPLICATE OF CLAIM-SYSTEM				
								-
3404943	ALBEMARLE MENTA	21	599	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
	2 11212111 02							-
		8654	56	ONLY 16 UNITS ALLOWED PER DAY	3	719	1444	725
				WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				<u> </u>
		120	12	CLIENT ID NUMBER MISSING OR IN				
		120	12	VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
								-
3404944	EASTPOINTE HUMA	8599	280	DETAIL NOT COVERED BY COMBINAT				-
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8654	9	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR	2	322	5604	5282
				APPROVAL. PLEASE CORRECT THE				
	+			THE CONTROL OF THE	-			+
		8952	7	CLAIM DENIED DUE TO AGE RESTRI			 	\vdash
			1	CTIONS FOR TARGET POPULATION				
			1					
3404946	FOOTHILLS AREAM	8505	1060	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
					-	-		<u> </u>
	+	8800	92	FURTHER PROCESSING NECESSARY,				
			1	PLEASE CHECK FOR CLAIM ON	1	1243	1607	364
			†	FUTURE RA'S.			 	
								
		8537	21	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404957		0505	246	OLAIM DENIED DUE NO INCUPRIORE			<u> </u>	
J4U495/	TIDELAND MENTAL	8505	346	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HEALTH CTR			NI DODGEI			 	
	+		1		+	1	 	
	1	8800	258	FURTHER PROCESSING NECESSARY,	40	698	914	216
	+			PLEASE CHECK FOR CLAIM ON	40	350	314	210
				FUTURE RA'S.				
	_	1						
		8932	34	CMTNC INELIGIBLE TO RECEIVE SE				
		8932	34	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8932	34					

Sheet1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	8505	638	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8654	5	ONLY 16 UNITS ALLOWED PER DAY	0	649	2673	2024
				WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
		8564	5	SERVICE EXCEEDS THE ALLOWABLE				
				OF ONE OCCURRENCE WITHIN AN				
				ELIGIBILITY PERIOD.				